



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

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March 28, 2014

TO: Health Care Partners

FROM: Manning Pellanda
Eligibility Policy and Service Delivery/CHIP Director

SUBJECT: Retroactive Washington Apple Health Requests

To better streamline the process of retroactively approving an individual for Washington Apple Health, the Health Care Authority (HCA) has developed a “Retroactive Health Care Coverage Request” form for use by hospitals and medical facilities as well as applicants who apply for MAGI-based medical (family, children, pregnancy, and adults who are not aged, blind or disabled). This form can be submitted with a paper Application for Health Care Coverage (18-001). For applications completed by phone or on the Washington Healthplanfinder at www.wahealthplanfinder.org, it can be submitted separately. This form will assist in the timely processing of claims.

Retroactive health care coverage is a two-step manual process. To help ensure the request is processed timely, the form can be completed at the time of application when the primary applicant/head of household is present. This prevents the HCA from having to send the household a letter requesting the form, which may or may not be returned.

Additionally, the household may have unpaid medical bills with other facilities. If at all possible, inquire with the household on all unpaid medical bills for the retroactive period so they are processed at the same time.

As a reminder, retroactive health care coverage is three months prior to the month of application. For example, if an application is submitted in March, the retroactive months would be December, January, and February.

Should the HCA have any questions on the information provided, additional verification may be requested by mail before eligibility is determined. Requests for retroactive Classic Medicaid (aged, blind, and disabled) will continue to be processed by the Department of Social and Health Services and will not require this form.

Thank you for your patience as we continue to improve our processes. If you have any questions on the process, contact your HCA Regional Representative.

Attachments: Retroactive Health Care Coverage Request form
HCA Area Representative List

cc: MaryAnne Lindeblad, Medicaid Director, HCA
Babs Roberts, Director, CSD, DSHS